



APPLICATION FOR DUPLICATE OF INDIANA TEACHING, ADMINISTRATION, OR SCHOOL SERVICES LICENSE ONLY

State Form 46701 (R7 / 8-05)
Approved by State Board of Accounts, 2005

Indiana Department of Education
Division of Professional Standards
Room 229, State House
Indianapolis, IN 46204-2798
Toll Free: 1-866-542-3672
Fax: (317) 232-9023
www.doe.state.in.us/dps

ACCOUNTING CONTROL

Transaction number

Transaction number

Date (month, day, year)

This application may not be used for renewals or for duplicates of an expired license.

INSTRUCTIONS: Please TYPE or PRINT clearly.

Complete Sections A, B, C and D. **Section C and D must be signed.**

Attach money order or cashier's check for \$35.00, payable to the State of Indiana. **Do not send cash or personal checks.**

All fees are non-refundable.

Return this application with a Limited Criminal History Report.

The information in this document is confidential according to IC 5-14-3-4(b)8.

SECTION A - APPLICANT INFORMATION

Name of applicant (last, first, middle, maiden)

Social Security number

This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1(a), first paragraph, and with 42 USC 666(a)13. Disclosure is mandatory; this record cannot be processed without it.

Date of birth (month, day, year)

Address

E-mail address

Telephone number

City

State

ZIP code

SECTION B - CRIMINAL RECORD

1. Have you ever had a credential, certificate or license to teach denied, revoked or suspended in Indiana or in any other state? ☐ Yes ☐ No
2. Have you ever been convicted of a felony? ☐ Yes ☐ No
3. Have you ever been convicted of a misdemeanor other than minor traffic violations after January 15, 1994? ☐ Yes ☐ No

If the answer is Yes to question 1, 2 or 3, attach a written explanation and provide the court records.

SECTION C

The Indiana Professional Standards Board issued to:

Name (exactly as it appeared on License)

Date of issuance (month, day, year)

License number

Type

Grade

Basis

Action

Subject area(s)

This license has been lost or destroyed. To the best of my knowledge, it was lost or destroyed in the following manner:

I hereby swear (or affirm) that the above statements are true to the best of my knowledge and belief, and request that a duplicate of the above license be issued, and forwarded to me at the address given above. I further agree that should the original be found, the original license will be returned for cancellation.

Signature of applicant

Date signed (month, day, year)

SECTION D - LOYALTY AFFIDAVIT

I solemnly swear (or affirm) that I will support the Constitution of the United States of America and the State of Indiana.

Signature of applicant

Date signed (month, day, year)